



**MOTIVATION FOR VOLUNTEERING**

Reasons for volunteering \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this required? YES\_\_\_\_\_ NO\_\_\_\_\_ If Yes, for whom? school\_\_\_\_\_ church\_\_\_\_\_  
 court\_\_\_\_\_ other\_\_\_\_\_ # of hours required? \_\_\_\_\_ Completion date?\_\_\_\_\_

What experiences have you had with hospitals? How have they affected your attitudes? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INTERESTS / SKILLS / HOBBIES**

Please indicate your interests, skills, hobbies \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMITMENT**

To ensure that you derive the maximum benefits from your volunteer service, the Volunteer Services Department requires that all volunteers give a minimum commitment of **50 HOURS** per calendar year, or as determined during the placement process.

TIME AVAILABLE: (Please check all shifts available.)

	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.
MORNING							
AFTERNOON							
EVENING							

**Volunteer assignments are determined based on hospital needs.**

Please indicate your areas of interest:

- Connecting Young Moms, Child Caregiver (BH only)
- Department Greeter (Surgery: BH & Lahey Outpatient Ctr, Danvers & Radiology: BH)
- Gift Shop (AGH & BH)
- Emergency Dept. Asst. (AGH & BH), Endoscopy Asst. (BH), CCU (BH)
- Information Desk Greeter/Escorter (AGH, BH & Lahey Outpatient Ctr, Danvers)
- Office Support (Audiology: BH, Radiology: Lahey Outpatient Center, Danvers)
- Patient Services (Transport, Patient Ambassador: BH only)
- Spectrum Center, Activities (Cummings Ctr. and North Andover)
- Senior Adult Unit, Activities (AGH)
- Other: \_\_\_\_\_

When are you available to begin volunteering? \_\_\_\_\_



For Office Use Only:

Information Meeting:\_\_\_\_\_

Assignment:\_\_\_\_\_

References Sent:\_\_\_\_\_

Day:\_\_\_\_\_

CORI Sent:\_\_\_\_\_

Time:\_\_\_\_\_

References Received:\_\_\_\_\_

Start Date:\_\_\_\_\_

Orientation:\_\_\_\_\_

TB read:\_\_\_\_\_

Kronos#:\_\_\_\_\_

Meal Voucher#:\_\_\_\_\_

For Office Use Only:

**COMMENTS:**